

## School / Training Questionnaire

### Claimant Information:

Last Name:

First Name:

MI:

ID or SSN:

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

You indicated that you are currently attending school or enrolled in a training course. Under Section 500C4 and 500C5 of the Illinois Unemployment Insurance Act, an individual shall be deemed unavailable for work during any week in which his/her principle occupation is that of a student. However, an individual shall not be deemed unavailable for work or to have failed to actively seek work if he/she is enrolled in and is in regular attendance at a training course approved by the Director.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

|  |                          |                                       |                                |
|--|--------------------------|---------------------------------------|--------------------------------|
|  |                          |                                       |                                |
| <b>Section A: School / Training Information</b>  |                          |                                       |                                |
| Have you enrolled in or attended school or training since filing for unemployment?                       |                          | Yes                                   | No                             |
| <i>If No, please sign and return this questionnaire, no further information is necessary.</i>            |                          |                                       |                                |
| What is the name and location of the school or training institution being attended?                      |                          |                                       |                                |
| Name:  |                          |                                       |                                |
| Address 1:   |                          | Address 2: (Apt., Floor, Suite, etc.) |                                |
| City:  | State:                   | Zip Code:                             | +                              |
| How is your school or training being funded? (Check all that apply)                                      |                          |                                       |                                |
| Trade Adjustment Assistance (TAA)  |                          | Workforce Investment Act (WIA)        | Union Apprentices HIP          |
| Self      Other: (Please Explain)  |                          |                                       |                                |
| What are the beginning and ending dates of the school/training? From      /      /      To      /      / |                          |                                       |                                |
| What is the course of study?   |                          |                                       |                                |
| What will you receive after completing the course of study? (Select One)                                 |                          |                                       |                                |
| Certificate      License      Degree      None   |                          |                                       |                                |
| How long is this course of study? (Select One)      One year or less      More than one year             |                          |                                       |                                |
| <i>What classes are you enrolled in this semester/quarter?</i>   |                          |                                       |                                |
| Course(s)  | Semester<br>Credit Hours | Hours of Attendance<br>including Labs | Days of Attendance             |
|  |                          |                                       |                                |
|  |                          |                                       |                                |
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|  |                          |                                       |                                |
|  |                          |                                       |                                |
| How many hours per day are required for studying?  |                          | hours/day                             |                                |
| Are you able to accept full time work immediately?   |                          | Yes                                   | No      If No, please explain: |

|  |  |   |
|--|--|---|
| <p>If the work offered conflicts with your school hours, are you willing to change from day to night courses or vice versa?</p> <p style="margin-left: 20px;">If No, please explain:</p><br><br><br><p>If you are unable to change school hours are you willing to drop the course(s)?</p> <p style="margin-left: 20px;">If No, please explain:</p><br><br><br><p>What is your customary occupation? (e.g. retail sales, cook, office manager, etc)</p><br><p>How long have you performed this occupation?</p> <p>Have you previously worked full time while attending school full time?</p> <p style="margin-left: 20px;">If Yes, please complete Section B: Work Information While in School or Training</p> | <p>Yes</p><br><br><br><br><br><br><br><br><br><br><p>Yes</p><br><br><br><br><br><br><br><br><br><br><p>Yes</p> | <p>No</p><br><br><br><br><br><br><br><br><br><br><p>No</p><br><br><br><br><br><br><br><br><br><br><p>No</p> |
| <b>Section B: Work Information While in School or Training</b>   |  |   |
| <p>Name of Employer:</p> <p>Dates of Employment:      From      /      /      To:      /      /</p> <p>Number of Hours Worked: (Daily or Weekly)      Daily      Weekly (Check one)</p> <p>Type of Work:</p> <p>School Hours While Working:</p>  |  |   |
| <b>Section C: Signature</b>  |  |   |
| <p>Signature:      Date:</p> <p>Name (printed):      Telephone Number:</p>   |  |   |